### Ohio Campaign Finance Report

05 JUN 10 PM 1:30

Prescribed by Secretary of State 3/05

Full Name of Committee							Registra	tion Num	ber, if P	AC LUII
The Committee to 1	Elect Eddie Pa	uline								
Full Name of Candidate				,						
<b>Eddie Pauline</b>										
Street Address					Office Sought				District	
980 King Ave. Bld. 9	Apt. 6				Columl	ous Ci	ty Cot	ıncil		
City							tate	Zip Code	3	
Columbus						0	H	432	12	
Type of Report	Pre-Primary	х	Post-Primary		Pre-General		Post-Ge	neral		Annual Year
place X to the left of report (ype)	July Monthly		August Monthly	1 1	September Monthly		Termina	ition		Semiannual
Amended Report?  Yes Vo	Report Ele	ctronically Yes	filed?  No	Dute of E	ection	1	м   1	0	8	0   5

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

	\$
1. Amount brought Servered from last report	8,177.13
2. Total monetary contributions (From Form No. 31-4)	\$ 4,830.00
	\$
3. Total other income (From Form No. 31-A-2)	4.14
4. Total funds available (sum of lines 1, 2, 3)	\$ 13,011.27
5. Total mosetary expenditures (From Form No. 31-B)	\$
2. Form thought y expendences (FROM FORTH (NO. 31-0)	6,470.43
6. Eslance on hand (inte 4 minus line 5)	\$ 6,540.84
7. Value of in-kind contributions received (From Form No. 31-1-1)	\$ 47.87
	\$
8 Value of in-kind contributions made (From Form No. 31-1-2)	0.00
9. Outstanding louns owed by committee (From Form No. 31-C)	0.00
10. Outstanding debts owed by committee (From First No. 31-N)	\$ 0.00
	\$
11 Ostotending form synul to committee (From Form No. 31-K)	0.00
12. Value of independent expenditures made (From Ports No. 31-1)	0.00
13. For Electronic Piling Equities only	\$
Sum of lines 2, 7 and amount of any new loans received this period	

THI	HE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER											
	OMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE											
Er	<u>ic Welde</u>	le				<u> </u>	ull			06/0	19/05	
Prin	t Name and Title	(Treasurer and	Deputy Treas	surer only)	Sign	nature					Date	
	Contribution			Expenditure			Other			Total		f
	pages	3		pages	1		pages	5		pages	9	ł
		<u>~_</u>										i

Page 1
--------

### **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full						
The Committee to Elect Eddie Pa	ulina					
Full Name of Contributor	шше		Dometer	tion Nive	ber, if PA	·C
Matthew C. Faehnle			Rogistia	uon nun	ibei, ii r	
Street Address	Employee/Ottone	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employer/Occup	adon/Labor Organization				
2280 W. Henderson Rd.	Gi i	7: 0.1	1 1	T 5	1 17	Check
Calamatana	State O H	Zip Code	M	D	Y	Amount
Columbus	OH	43220	0 4			50.00
Full Name of Contributor			Registra	tion Num	iber, if PA	AC .
Stephen A. Sterrett			L	· · · · · · · · · · · · · · · · · · ·		
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
567 Tibet Rd.						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43202	0 4	1 5	0 5	25.00
Full Name of Contributor			Registra	tion Num	ber, if PA	vC
Kurtis Tunnell			I			
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
3446 Live Oak Pl.	1					Check
City	State	Zip Code	М	D	Y	Amount
Columbus	OH	43221	0 4	1 7	0 5	150.00
Full Name of Contributor					ber, if PA	
Richard Seihl						
Street Address	Employer/Occup	ation/Labor Organization*	R			Form (Cash, Check, etc.)
65 E. State St.						Check
City	State	Zip Code	М	D	Ý	Amount
Columbus	OH	43215			1	500.00
Full Name of Contributor	1011	43213			0 5 ber, if PA	
			Kegistra	цон мац	iber, ii PA	
William Lager	TE 1 (6					D (0.1.0)
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
155 W. Main St.		Ta: 0.1	1		r	Check
City	State	Zip Code	M	D	Y	Amount
Columbus	OH	43215	0 4		0 5	1,000.00
Full Name of Contributor			Registra	tion Num	ber, if PA	ıC
Thomas Moyer						
Street Address	Employer/Occup	ation/Labor Organization*				Form (Cash, Check, etc.)
6 Sessions Dr.						Check
City	State	Zip Code	M	D	Y	Amount
Columbus	O   H	43309	0   4	1 6	0 5	100.00
Full Name of Contributor			Registrat	tion Num	ber, if PA	C
Saul Seigel						
Street Address	Employer/Occup	ation/Labor Organization*	4.000			Form (Cash, Check, etc.)
8380 Orchard Knoll Lane						Check
City	State	Zip Code	М	D	Y	Amount
Columbus	ОН	43235	0 4	1 6	0 5	50.00
Full Name of Contributor		1		-	ber, if PA	
Brian Jennings West						
Street Address	Employer/Occurs	ation/Labor Organization*				Form (Cash, Check, etc.)
	Employen coulp	zmoor organization				
4850 Kings Wood Dr. NE	Ctata	IZin Code	1 14		V	Check
City Page 11	State \( \triangle \Delta \)	Zip Code	M	D	Y	Amount = 0.00
Roswell	G A	30075	0   4	1 6	0 5	50.00

Page Total \$ 1,925.00	
------------------------	--

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page	2	
Page	4	

### **Statement of Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full							
The Committee to Elect Eddie Pauline	<u> </u>						
Full Name of Contributor			Registre	ation Nun	iber, if PA	AC .	
Paul Allen Beck							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	heck, etc.)
7003 Perry Dr.			••			Check	
City	State	Zip Code	M	D	Y	Amount	
Worthington	OH	43085	0 4	1 7	0 5		100.00
Full Name of Contributor			Registra	ation Nun	ber, if PA	AC.	
Matthew Damschroder							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	heck, etc.)
2598 Ruhl Ave.			_			Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43209	$0 \mid 4$	1 8	0 5		100.00
Full Name of Contributor			Registre	ation Nun	nber, if PA	AC	
Robert Schuler							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	heck, etc.)
250 Civic Center Dr.	ļ					Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43215	$0 \mid 4$	2 1	0 5		1,000.00
Full Name of Contributor			Registra	ation Nun	iber, if PA	AC	
Dorothy Mihalick							
Street Address	Employer/Occi	upation/Labor Organization*	-			Form (Cash, C	heck, etc.)
976 Tallmadge Ave.						Check	
City	State	Zip Code	М	D	Y	Amount	
Wickliffe	OH	44092	$0 \mid 4$	2 2	0 5		100.00
Full Name of Contributor			Registra	tion Nun	iber, if PA	AC .	
Richard Stoddard							
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	heck, etc.)
656 Marburn Dr.						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	OH	43214	0 4	3 0	0 5		100.00
Full Name of Contributor			Registra	tion Nun	ber, if PA	\C	
Contributions From Form No. 31-E							
Street Address	Employer/Occi	ipation/Labor Organization*				Form (Cash, C	heck, etc.)
City	State	Zip Code	М	D	1	Amount	
			0 4	2 1	0 5		780.00
Full Name of Contributor		,			ber, if PA	AC .	
Reminger & Reminger Ohio PAC			CP.	495			
Street Address	Employer/Occi	upation/Labor Organization*				Form (Cash, C	heck, etc.)
101 Prospect Ave. W.						Check	
City	State	Zip Code	М	D	Y	Amount	
Cleveland	O H	44115	0 5	0 5	0 5		<i>7</i> 5.00
Full Name of Contributor			Registra	tion Num	ber, if PA	\C	
Bricker & Eckler LLP State PAC			OF	I 821			
Street Address	Employer/Occu	ipation/Labor Organization*				Form (Cash, Cl	heck, etc.)
100 S. Third St						Check	
City	State	Zip Code	М	D	Y	Amount	
Columbus	O H	43215	0 4	2 0	0 5		150.00

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

	-	
Page Total	\$	2,405,00

Page	3

### Statement of Contributions Received

Prescribed by Secretary of State 3/05

Name of Committee in Full					
The Committee To Elect Eddie 1	Paulino				
Full Name of Contributor	aume		Danish and a	r 1 1670	4.6
Dan Heinlen			Registration N	tumber, 11 P.	AC
Street Address	Employee/Ocor	pation/Labor Organization			r (0 1 d) 1
2981 E. Powell Rd.	Employonocci	pation/Labor Organization	ır		Form (Cash, Check, etc.)
City	State	Zip Code	IV I S	1 5	Check
Lewis Center	OH	[ ·	M D	Y	Amount
Full Name of Contributor	0 11		0 5 3 Registration N		
Gregory Lashutka			Registration N	umber, if PA	AC .
Street Address	Employer/Occu	pation/Labor Organization	*		Form (Cash, Check, etc.)
729 Mohawk Street	Zimpioyor Occu	pation Lator Organization			•
City	State	Zip Code	M D	ΙΥ	Check Amount
Columbus	ОН	1 -	0 6 0		ľ
Full Name of Contributor		10200	Registration N		
Murphey Moore			registration is	umoci, ii i z	ic
Street Address	Employer/Occu	pation/Labor Organization	*		Form (Cash, Check, etc.)
3300 Imani Dr.		parton Davor Organization			
City	State	Zip Code	M D	Y	Charge Amount
Columbus	ОН	43224	$\begin{bmatrix} 1 & 1 & 1 \\ 0 & 4 & 2 \end{bmatrix}$		50.00
Full Name of Contributor		10221	Registration N		
Ryan Robinson			registration is	umooi, ii i r	
Street Address	Employer/Occur	pation/Labor Organization*	<u> </u>		Form (Cash, Check, etc.)
4170 NW Pinecone Way					Charge
City	State	Zip Code	MD	Y	Amount
Corvallis	OR	07330	0 5 0		50.00
Full Name of Contributor		0.330	Registration N		
Douglas Lance Jr.					.•
Street Address	Employer/Occur	pation/Labor Organization*			Form (Cash, Check, etc.)
8521 Libra Rd.		-			Charge
City	State	Zip Code	M D	Y	Amount
Dublin	ОН	43016	0 4 2	1 1	100.00
Full Name of Contributor			Registration No		
			ľ	ŕ	
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
					, , ,
City	State	Zip Code	M D	Y	Amount
Full Name of Contributor			Registration Nu	mber, if PA	C
			ľ		
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
City	State	Zip Code	M D	Y	Amount
				1   1	
Full Name of Contributor			Registration Nu	mber, if PA	
Street Address	Employer/Occup	ation/Labor Organization*			Form (Cash, Check, etc.)
					. ,
City	State	Zip Code	M D	Y	Amount
				$\downarrow$	
ruired for contributions from individuals over \$100 to statewing	do ou do out of the state of th	1. 10 10 1			

\* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page Total \$ 500.00	
----------------------	--

Event Date	04/21/05
Page	1

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full The Committee to Elect Eddie Pauline Full Name of Contributor Registration Number, if PAC Pieter Wykoff Street Address Employer/Occupation/Labor Organization\* Amount 230 East Oakland Ave. 0 4 2 1 0 | 5 25.00 State Zip Code Columbus 43215 Check Full Name of Contributor Registration Number, if PAC John Conley Employer/Occupation/Labor Organization\* 3205 Longspur Dr. 0 4 2 1 0 | 5 100.00 Zip Code Form(Cash,Check,etc) Columbus Η 43228 Check Full Name of Contributor Registration Number, if PAC I. Patrick McDonald Employer/Occupation/Labor Organization\* 1111 Perry St. 0 4 2 1 0 5 100.00 Zip Code Form(Cash,Check,etc) Columbus H 43201 Check Full Name of Contributor Registration Number, if PAC Robert Kovey Street Address Employer/Occupation/Labor Organization\* Y Amount 9337 Paulding St. NW 0 4 2 1  $0 \mid 5$ 25.00 City Zip Code State Form(Cash,Check,etc) Massilon 44646 Check Full Name of Contributor Registration Number, if PAC Katherine Lee Harper Employer/Occupation/Labor Organization\* 381 Seibert St. 0 4 2 1 0 5 25.00 City Form(Cash.Check.etc) Zip Code Check H 43206 Check Full Name of Contributor Registration Number, if PAC James Ashenhurst Employer/Occupation/Labor Organization\* Amount 5147 Vinington Pl. 0 4 2 1 0 5 150.00 City State Zip Code Form(Cash,Check,etc) Dublin 43016 Check Full Name of Contributor Registration Number, if PAC Melissa Vasil Employer/Occupation/Labor Organization\* 300 Hinman Ave. 2 1 25.00 Zip Code Form(Cash,Check,etc) Columbus 43207 Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event
780.00	NIA

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517,10(B)(4)]

Event Date	04/21/05
Page	2

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full The Committee To Elect Eddie Pauline Full Name of Contributor Registration Number, if PAC Molly Taylor Street Address Employer/Occupation/Labor Organization\* Amount 319 N. High Street 4 2 1 0 5 25.00 Zip Code State Form(Cash,Check,etc) 43764 New Lexington Check Full Name of Contributor Registration Number, if PAC Rvan Franzee Employer/Occupation/Labor Organization\* Ÿ 745 Villa Rd. Apt. 129 0 4 2 1 0 5 25.00 Zip Code Form(Cash,Check,etc) h Check Springfield 45503 Full Name of Contributor Registration Number, if PAC Dwavne Sattler Employer/Occupation/Labor Organization\* 8341 Harvest Wind Dr. 2 1 25.00 0 5 0 4 Zip Code Form(Cash, Check, etc) 43082 Westerville h Check Full Name of Contributor Registration Number, if PAC Juan Cespedes Street Address Employer/Occupation/Labor Organization\* D Amount 74 East Engler Apt. 3C 0 4 2 1 0 | 5 25.00 Zip Code Form(Cash,Check,etc) State Columbus 43215 Check Full Name of Contributor Registration Number, if PAC Amy Jenkins Street Address Employer/Occupation/Labor Organization\* Amount 0 4 2 1 579 City Park 25.00 City State Zip Code Form(Cash,Check,etc) Columbus Η 43215 Check Full Name of Contributor Registration Number, if PAC Bonnie Conley Street Address Employer/Occupation/Labor Organization\* Amount 5873 Ratification Dr. 0 4 2 1 25.00 State Zip Code Form(Cash,Check,etc) Check Galloway 43119 Full Name of Contributor Registration Number, if PAC Rick Boylan Employer/Occupation/Labor Organization\* D Y Amount 1900 Marblecliff Crossing Ct. 0 4 2 1 0 5 25.00 State Zip Code Form(Cash.Check.etc) Columbus 34204 Check

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	Γ
780.00	NIA	

Page Total \$ 175	.00
-------------------	-----

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Event Date	04/21/05
Page	3

# Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 3/05 Name of Committee in Full The Committee To Elect Eddie Pauline Full Name of Contributor Registration Number, if PAC Jeffrey Polesovsky Street Address Employer/Occupation/Labor Organization\* Amount 4660 Blairfield Dr. 0 | 5 25.00 0 4 2 1 Zip Code City State Form(Cash,Check,etc) Columbus 43214 H Check Full Name of Contributor Registration Number, if PAC Karl Kershner Street Address Employer/Occupation/Labor Organization\* Y 4953 Albany Meadow Dr. 0 5 25.00 0 4 2 1 Zip Code Form(Cash,Check,etc) Columbus 43081 Check Full Name of Contributor Registration Number, if PAC James Canepa Employer/Occupation/Labor Organization\* D 5203 Fenway Ct. Suite A 0 4 2 1 0 | 5 25.00 State Zip Code Form(Cash,Check,etc) Columbus 43214 Check Full Name of Contributor Registration Number, if PAC Adam Viers Street Address Employer/Occupation/Labor Organization\* Ÿ Amount 2281 0 4 2 1 0 5 30.00 City State Zip Code Form(Cash,Check,etc) Columbus 43204 Check Full Name of Contributor Registration Number, if PAC James Conway Employer/Occupation/Labor Organization\* Amount 4130 Shady Grove 0 4 2 1 25.00 City Zip Code Form(Cash,Check,etc) Toledo 43623 H Check Full Name of Contributor Registration Number, if PAC Kari Hertel Street Address Employer/Occupation/Labor Organization\* Amount 4607 Wuertz Ct. 0 4 2 1 0 5 25.00 Zip Code Form(Cash,Check,etc) Columbus 43017 Check Full Name of Contributor Street Address Employer/Occupation/Labor Organization\* Υ Amount City Zip Code Form(Cash, Check, etc)

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

Total contributions this event	Total expenditures this event	
780 00	N/A	Page

Page Total \$	155.00
---------------	--------

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Page	1
Lago	

### **Statement of Other Income**

Prescribed by Secretary of State 2/01

N 68							
Name of Committee in Full	19						
The Committee to Elect Eddie P	auline						
Full Name			Registrati	ion Nun	nber, if	PAC	
Bank One							
Address	Type*		M	D	Y	Amount	7.1
100 E. Broad St.	IN		0 6	0 9	0	5	3.65
City	State Zip Co	de	Form(Cas				
Columbus	O H	43215		cash	l		
Full Name			Registrati			PAC	
PayPal							
Address	Type*		М	D	Y	Amount	
211 N. First Street	I N		0 6		0	1	0.49
City	State Zip Co	de	Form(Cas			<i>3</i>	0.47
San Jose	$C \mid A$	95131		cash			
Full Name	71	75151	Registrati			DAC	
			Kegistiati	on Nun	iver, ii	FAC	
Address	T		<u> </u>		T	<del></del>	
induitess	Type*		М	D	Y	Amount	
City	State Zip Co	de	Form(Cas	h,Checi	k,etc)		
Full Name			Registration	on Num	ber, if	PAC	
Address	Type*		М	D	Y	Amount	
City	State Zip Coo	le	Form(Cas	h.Checl	k.etc)		
					-,,		
Full Name			Registratio	on Mum	her if	PAC	
			Tropismun.	on I van	1001, 11	TIC	
Address	Type*		14	D	1 17	14	
	1990		M	D	Y	Amount	
City	0:				ᆚ		
City	State Zip Cod	1e	Form(Casi	h,Checl	c,etc)		
7. 11.7							
Full Name			Registratio	on Num	ber, if I	PAC	
Address	Type*		М	D	Y	Amount	
City	State Zip Cod	le	Form(Cash	n,Check	c,etc)		
			ł				
Full Name			Registratio	n Num	ber, if F	PAC	
Address	Type*		М	D	Y	Amount	
				-			
City	State Zip Cod	e	Form(Cash	Check	eto)		
			I offit Cast	i,Cilock	,010)		
Full Name			Desistantia	- M	· ·· · · · cr		
- · · · · · · · · · · · · · · · · · · ·			Registratio	nı ivum	oer, 11 P	AC	
Address			1				
Audiess	Type*		M	D	Y	Amount	
City	State Zip Cod	e	Form(Cash	,Check	,etc)		
			<u> </u>				
Dloop the true letter and in the T. II 1 ( ) 1 ()					_		

\* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee,

SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 4.14

Page	1

### **Statement of Expenditures**

Prescribed by Secretary of State 2/01

Name of Committee in Full									
The Committee to Elect Eddie Pauline									
To Whom Paid				M	,	D	Y	Amount	
The Alladin Shrine Circus	.,			0   5	513	3 1	0 5	L	265.00
Address	Purpose Circus Banner								
3850 Stelzer Rd.	-			lot	37	1			
Columbus	St	ate T.T	Zip Code	Check		10er 101			
Columbus To Whom Paid		H	43212	М		D	Y	Amount	
Eddie Pauline				0 5		9			1,177.73
Address	Purpose			U	711	17	0 3	<u> </u>	1,177.75
980 King Ave	reimbursement for 200 yard signs, printing, and interne				rnet				
City	State Zip Code Check Number				Titet				
Columbus	10	Н	43215		4	140			
To Whom Paid		<u> </u>	<u> </u>	М		D	Y	Amount	
The Franklin County Republican Party				0 4	1 1	5	0 5	1	5,000.00
Address	Purpose								
14 E. Gay Street	Ma	ilings							
City	St	ate	Zip Code	Check					
Columbus		H	43215		_	40-1			
To Whom Paid				M	- 1	D	Y	Amount	ć 70
PayPal Address	To .			0 5	0 0	) 4	0 5	<u> </u>	6.70
211 N. First St.	Purpose Electronic Contribution site								
City			Zip Code	Check	Num	her			
San Jose		A	95131				pmnt		
To Whom Paid		41	70101	M		D	Y	Amount	
Bank One				0   5			0   5		21.00
Address	Purpose	*****	<u> </u>	VIV	-1-		<u> </u>	L	
100 E. Broad St.	Che	ecks							
City			Zip Code	Check Number					
Columbus		H	43215	elec	tro	nic 1	pmnt		
To Whom Paid				M		D	Y	Amount	
								L	
Address	Purpose								
City		-4-	7:- 6-1-	OL velo	Maria	.h			
Cry	St	ate	Zip Code	Check	Num	iber			
To Whom Paid	4	L		M	7	D	Y	Amount	
10 Whom I ald				141		ا ا		Milouiti	
Address	Purpose							L	
City	St	ate	Zip Code	Check	Num	ber			
			•						
To Whom Paid				M	T	D	Ÿ	Amount	
					$\perp$				
Address	Purpose								
			·						
City	St	ate	Zip Code	Check	Num	ber			
	1			L					

Page Total \$ \_6.470.43

3	1-	J-	1	
R.	C.	35	17.	10

#### **In-Kind Contributions Received**

Prescribed by Secretary of State 3/05

Name of Committee in Full  The Committee to Elect Eddie Pa	ulino						
Full Name of Contributor		pation, Labor Organization *	In	Variable (CDAC)			
	Employer, Occu	pation, Labor Organization *	Registration Number, if PAC				
Lindsey Boyer Street Address	D CT		<del>                                      </del>		·		
	Description of It		$\begin{bmatrix} M & D \\ 0 & 5 & 1 \end{bmatrix}$				
1495 West 6th Ave.		Envelopes		0 0 5	21.23		
City Columbus	State H	Zip Code 43212	Received at F	fundraising Event?			
Full Name of Contributor		pation, Labor Organization *		Number, if PAC			
Eddie Pauline	Employer, Good	pation, ration Organization	Rogistiation	tumon, n r Ac			
Street Address	Description of It	em or Service	M D	Y Fair Market Value	<del></del>		
980 King Ave		Description of Item or Service Printing		905	26.64		
City	State	Zip Code	0 5 1 9 0 5 26  Received at Fundraising Event?				
Columbus	ОІН	43215	YES	~ <del></del>			
Full Name of Contributor		pation, Labor Organization *		Number, if PAC			
	Employer, Good	pation, Labor Organization	registration :	tumoei, il i i io			
Street Address	Description of Its	Description of Item or Service		Y Fair Market Value	;		
City	State	Zip Code	Received at F	undraising Event?			
•			YES				
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration Number, if PAC				
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value	•		
City	State	Zip Code	Received at F	undraising Event?			
Full Name of Contributor	Employer, Occup	pation, Labor Organization *	Registration l	Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value	;		
City	State	Zip Code	Received at F	undraising Event?			
			YES	I □NO			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Registration Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value			
City	State	Zip Code	Received at F	undraising Event?			
			YES YES	□NO			
Full Name of Contributor	Employer, Occup	oation, Labor Organization *	Registration N	Number, if PAC			
Street Address	Description of Ite	em or Service	M D	Y Fair Market Value			
City	State	Zip Code	Received at F	undraising Event?			
Full Name of Contributor	Employer, Occup	Employer, Occupation, Labor Organization *		Number, if PAC			
Street Address	Description of Ite	Description of Item or Service		Y Fair Market Value			
City	State	Zip Code	Received at Fi	undraising Event?			

Page Total \$	47.87
---------------	-------

<sup>\*</sup> Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]